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CONFIRMATION NO. 7869

<b>SERIAL NUMBER</b> 10/695,846	<b>FILING OR 371(c) DATE</b> 10/29/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 454311-2220.2
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## APPLICANTS

Sean Philpott, Albany, NY;  
Barbara Weiser, Albany, NY;  
Harold Burger, Albany, NY;  
Christina Kitchen, Los Angeles, CA;

LH 6/22/2007

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/963,064 09/25/2001 PAT 6,727,060  
which claims benefit of 60/235,671 09/26/2000  
and claims benefit of 60/282,354 04/06/2001

LH 6/22/2007

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 03/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 91	<b>INDEPENDENT CLAIMS</b> 21
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>LH</u> Examiner's Signature Initials				

**ADDRESS**  
20999

## TITLE

Analysis of HIV-1 coreceptor use in the clinical care of HIV-1-infected patients

<b>FILING FEE RECEIVED</b> 1798	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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